

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9	1					
10		1				
11		1				
12		4				
13	1					
14		1				
15	1					
16		1				
17		1				
18		1				
19		1				
20		2				
21		1				
22		1				
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49						
50						
TOTAL IND.	4					
TOTAL DEP.		25				
TOTAL CLAIMS		29				

	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.						
TOTAL CLAIMS						